Effective October 1, 2000 CLAIMS AS FILED - PART (Column 1) (Column 2) TOTAL CLAIMS NUMBER FILED NUMBER EXTRA		SOJ/	90	138	54					
TOTAL CLAIMS 37	TYPE [NTITY			PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000					
TOTAL CLAIMS 37		SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY		4				
FOR NUMBER EN ED AUBBRE EVYDA	HALL	FEE	OR 7	RATE	FEE	-				
1 ONDER PILED I NOMBER EXTRA	BASIC FEE	 		BASIC FEE		1				
TOTAL CHARGEABLE CLAIMS 37 minus 20= 1 / 7	X\$ 9=	153	1	X\$18=						
INDEPENDENT CLAIMS 2 minus 3 =	X40=	17 5	OR	X80=		ł				
MULTIPLE DEPENDENT CLAIM PRESENT			OR			ł				
* If the difference in column 1 is less than zero, enter "0" in column 2	+135=	- A D	OR	+270=						
CLAIMS AS AMERSED - PART II	TOTAL	508	OR			•				
(Column 1) (Column 2) (Column 3)	SMALL	ENTITY	OR	OTHER SMALL		ŀ				
CLAIMS REMAINING AFTER AMENOMENT AMINUS AFTER AMINUS AFTER AMENOMENT AMINUS AFTER AMINUS AFTER AMENOMENT AMINUS AMINUS AFTER AMENOMENT AMINUS AM	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Total - 23 Minus - 37 = -	X\$ 9=	1	OR	X \$18=		0				
Independent + 3 Minus 2 = -	X40=	1	OR	X80=		12				
FIRST PRESENTATION: OF MULTIPLE DEPENDENT CLAIM	+135=	,	OR	+270=		4				
	TOTAL		OB	TOTAL	•	要				
6/7/04 (Column 1) (Column 2) (Column 3)	ADDIT. FEE			ADDIT FEE						
CLAIMS REMAINING AFTER AMENDMENT Total Independent CLAIMS REMAINING AFTER AMENDMENT Minus HIGHEST NUMBER PREVIOUSLY PAID FOR Independent Minus ** 37 =	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABLE				
5 Total 23 Minus - 37 = -	X\$ 9=		OR	X\$18=		S				
Independent • 3 Minus ••• 3 = -	X4 0=	-	OR	X80=		,CC				
THE THE CONTROL OF MICE IN COMM	+135=		OR	+270=						
	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	•					
(Column 1) (Column 2) (Column 3)	AUUH, FEEL		•	NUUII. FEE						
CLAIMS REMAINING AFTER AMENDMENT Total Independent CLAIMS REMAINING AFTER AMENDMENT Minus HIGHEST NUMBER PREVIOUSLY PAID FOR Independent Minus *** =	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Total - Minus =	X\$ 9=		OR	X\$18=	ï					
Independent • Minus ••• =	X40=			X80=						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			OR							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	+135=		OR	+270= TOTAL	,					
** If the "Highest Number Previously Paid For" HETHIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" in the Independent) is the highest number to	ADDIT. FEE			ODIT. FEE		,				